

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101540478
APPLICANT(S)
FILING DATE

CLAIMS

	AS FILED				AFTER 1st AMENDMENT				AFTER 2nd AMENDMENT					AS FILED				AFTER 1st AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL DEP.														TOTAL DEP.								
TOTAL CLAIMS														TOTAL CLAIMS								